



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

STATE OF MONTANA
INDEPENDENT CONTRACTOR EXEMPTION CERTIFICATE APPLICATION
**FOR ALL SOLE PROPRIETORS, PARTNERSHIPS OR LLPS,
MEMBERS OF A MEMBER-MANAGED LIMITED LIABILITY COMPANY, AND
MANAGERS OF A MANAGER-MANAGED LIMITED LIABILITY COMPANY (CONSTRUCTION INDUSTRY)**
APPLICATION FOR TWO (2) YEAR EXEMPTION
NONREFUNDABLE FEE \$125

Applicant Name: I, _____,
(First Name) (MI) (Last Name)

declare under penalty of perjury and under the laws of the state of Montana that the following is true and correct:

1. I am making these statements and representations in order to apply for an independent contractor exemption certificate with the Montana Department of Labor and Industry (Department). I understand the Department is relying on the truth and accuracy of these statements when approving my independent contractor exemption certificate. I declare that I am 18 years old or older.

2. **My business structure is (circle one; A, B, C, or D):**

A. Sole Proprietor **B.** Partnership or LLP **C.** Member Managed LLC **D.** Manager-Managed LLC (construction industry)

My mailing address is: _____
(Street or PO Box) (City) (State) (Zip)

My business name is: _____
(Name of business)

My business' physical address is: _____
(Street or directions to physical location) (City) (State) (Zip)

My telephone number is: (____) _____ - _____ **My social security number is:** _____ - _____ - _____

My email address is: _____

You are required to notify the Department if any of the above information changes after the certificate is granted.

3. I have an independently established trade, occupation, profession or business.

The occupation(s) for which I am applying is/are: _____

I am providing documentation to the Department that demonstrates I have an established business for **each occupation** listed above.
(See documentation list on back of waiver form)

4. When acting as an independent contractor I must be free from control or direction over the performance of my services and the details of my work, both under contract and in fact. The hiring agent only offers direction and exercises control in matters essential to specifying the end result.

5. I understand and agree that if my independent contractor exemption certificate is granted, **I waive all rights and benefits** under the Workers' Compensation Act of Montana (Act). I understand I am precluded from obtaining benefits under the Act from the hiring agent related to my work performance as an independent contractor. I understand and agree that I am responsible for all taxes related to my work as an independent contractor. I understand as an independent contractor I will not be afforded protections under the Wage Payment Act, the Human Rights Act, the provisions of Unemployment Insurance Laws, or the Workers' Compensation Act.

6. I also understand that if granted, the Independent Contractor Exemption Certificate will remain in effect for **TWO years** for the occupations listed on the certificate, unless I notify the Department in writing that I want to have the exemption cancelled, or the Department revokes or suspends the Independent Contractor Exemption Certificate. I understand that if I want to maintain my independent contractor exemption, I will have to re-qualify every two years.

By signing this declaration and the associated waiver form, I understand and agree that if my Independent Contractor Exemption Certificate is granted I **WAIVE ALL STATUTORY RIGHTS AND BENEFITS THAT I AM ENTITLED TO UNDER THE MONTANA WORKERS' COMPENSATION ACT.**

By: _____
(Applicant Signature)

State of _____

County of _____

SUBSCRIBED before me this _____ day of _____, 20____ by _____
(Print name of applicant)

(Signature of Notary)

(Notarial Seal/ Stamp)

(Printed Name of Notary)

Notary Public for the State of _____

Residing at _____

My commission expires _____

Notice to Applicants: See important information on the reverse side regarding penalties for improper application for, or use of, an independent contractor exemption certificate in violation of Montana law.

Notice to Employers: Montana law prohibits employers from avoiding their responsibility to provide workers' compensation insurance for employees. An employer may not require an employee through coercion, misrepresentation, or fraudulent means to adopt independent contractor status or exert control to a degree that destroys the independent contractor relationship. In addition to any other penalty or sanction, a person or employer who violates a provision of the law is subject to a fine to be assessed by the Department of up to \$1,000 for each violation.

Notice to Hiring Agents: You can be found to be an employer if you have the **right to control or exercise control** over the worker. A person who violates a provision of the law is subject to a fine to be assessed by the Department of up to \$1,000 for each violation.

Notice to Applicants: Montana law provides for a civil penalty up to \$1,000 for each violation of the following: A person may not perform work as an independent contractor without obtaining either workers' compensation insurance or an Independent Contractor Exemption Certificate; perform work as an independent contractor when the Department has revoked or denied the Independent Contractor's Exemption Certificate; transfer to another person or allow another person to use an Independent Contractor Exemption Certificate that was not issued to that person; alter or falsify an Independent Contractor Exemption Certificate; and/or misrepresent the person's status as an independent contractor. The Department has the authority to investigate your working relationships as an independent contractor. If through investigation, the Department determines you are acting as an employee, this exemption may be suspended or revoked.

INSTRUCTIONS

1. Complete this form only if you are a sole proprietor, a working member of a partnership, limited liability partnership, a working member of a member-managed limited liability company, or a manager of a manager-managed limited liability company that is engaged in the construction industry and do not want workers' compensation on yourself. Independent contractor exemption certificates are issued to an individual. **Each person requesting an exemption must complete his or her own forms, and pay \$125.**
2. If you understand all of the statements on the application and waiver form and believe you qualify as an independent contractor, complete the forms in the manner identified below. The waiver is a legal document that when signed waives statutory workers' compensation benefits.
3. Both the application and waiver form must be completed entirely or your application may be denied. **DO NOT USE WHITEOUT;** If you need to make any corrections, cross out the error, make the correction in ink, and initial.
4. In paragraph 2, provide the following information, written in blue or black ink:
 - My business structure is (circle the appropriate structure).
 - Limited Liability Partnerships and Limited Liability Companies must be registered with the Montana Secretary of State's office. You may contact their office at (406) 444-3665 or visit their website at www.sos.mt.gov.
 - If circling "Partnership or LLP" business structure, a partnership agreement must be provided (refer to the documentation list on the back of the waiver form).
 - My mailing address is (include the number, street, city, state and zip code).
 - My business name is (this must be your business name or individual name, and it must match your business documentation).
 - My business' physical address (include the number, street, city, state and zip code).
 - My telephone number is.
 - My social security number is (please do not use X's, unless sent to you by the Department in that manner).
 - My email address is.
5. In paragraph 3, you must list all occupations for which you are claiming an independent contractor exemption certificate.
6. An applicant must score 15 points for each different occupation listed. Please refer to the list of documentation on the back of the waiver form. The Department has the discretion to assess the reliability of the documentation in order to award points for the items submitted.
7. If you agree to waive your rights, initial the statements on the waiver, and sign the bottom of the application and the waiver form **in the presence of a notary public.**
8. Pay special attention to the civil penalty for misrepresentations made concerning a person's status as an independent contractor.
9. Make checks payable to the "Montana Department of Labor & Industry" or "DLI" in the amount of \$125. Mail the completed original application and original waiver form, attached photocopies of the 15 points of documentation, and (nonrefundable) \$125 fee to:

Independent Contractor Central Unit
P.O. Box 8011
Helena, MT 59604-8011

If you have any questions about completing the application or determining if you are an independent contractor, please call the Independent Contractor Central Unit in (406) 444-9029.

You may visit our website at www.mtcontractor.com.

**FOR ALL SOLE PROPRIETORS, PARTNERSHIPS OR LLPS,
MEMBERS OF A MEMBER-MANAGED LIMITED LIABILITY COMPANY, AND
MANAGERS OF A MANAGER-MANAGED LIMITED LIABILITY COMPANY (CONSTRUCTION INDUSTRY)**

WAIVER of Workers' Compensation Benefits

Instructions: Sign this waiver only if you understand and agree to all of its provisions.

My name is: _____; My Social Security Number is: _____
(First Name) (Middle initial) (Last Name)

I am executing this waiver as part of my application for an independent contractor exemption certificate with the Montana Department of Labor and Industry (Department).

I have **initialed** all the following statements, each of which I understand and agree to:

(Initial) I agree to waive all the rights and benefits to which I am entitled under Montana's Workers' Compensation Act (Title 39, chapter 71, Mont. Code Ann.), for any work performed under an independent contractor exemption certificate. I understand and agree that if I am injured or develop an occupational disease while working for a hiring agent, I am precluded from obtaining any benefits under the Act for any and all damages arising out of any injury or occupational disease related to my work performance under an independent contractor exemption certificate. I understand and agree that if I die from an injury or occupational disease related to my work performance under an independent contractor exemption certificate, this waiver is effective against any of my beneficiaries as designated under the Act. I understand this waiver is not necessary for workers' compensation purposes if I elect to obtain workers' compensation insurance for myself as provided by the Act.

(Initial) I understand and agree that if my independent contractor exemption certificate is granted, I will be conclusively presumed in court to have waived all benefits under the Act for work performed under the certificate.

(Initial) I am engaged in an independently established trade(s), occupation(s), profession(s), or business(es) and I have provided accurate and truthful documentation to the Department to verify the existence of this occupation(s) in my application declaration.

(Initial) When acting as an independent contractor, I agree to maintain my status as an independent contractor by being free from control or direction over the performance of my services and the details of my work, both under contract and in fact. I agree hiring agents will only be permitted to offer direction and exercise control in matters essential to specifying the end result. I understand that while performing work under my independent contractor exemption certificate that I am waiving benefits under the Act unless I have a written or oral agreement to work as an employee for that hiring agent.

(Initial) I understand and agree that I am responsible for all taxes related to my work as an independent contractor.

(Initial) I understand the Department has the authority to investigate my working relationships as an independent contractor and may suspend or revoke my independent contractor exemption certificate if appropriate.

(Initial) I am of sound mind, I am 18 years of age or older, I have read and understand this waiver, and I am voluntarily and knowingly executing this waiver free from duress, coercion, or misrepresentation from any person.

By signing this waiver, I understand and agree that **I WAIVE ALL STATUTORY RIGHTS AND BENEFITS THAT I AM ENTITLED TO UNDER THE MONTANA WORKERS' COMPENSATION ACT.**

By: _____
(Applicant Signature)

Dated: _____

State of _____

County of _____

SUBSCRIBED before me this _____ day of _____, 20____ by _____
(Print name of applicant)

(Signature of Notary)

(Notarial Seal/ Stamp)

(Printed Name of Notary)

Notary Public for the State of _____

Residing at _____

My commission expires _____



The following is a list of suggested business documentation with possible point values considered by the Montana Department of Labor and Industry to demonstrate an Independent Contractor Exemption Certificate (ICEC) applicant is engaged in each occupation listed on their affidavit. An applicant must score 15 points for each different occupation listed. The Department has the discretion to assess the reliability of the business documentation in order to award points for the items submitted.

****Please provide the Department with photocopies of the business documentation to score 15 points.****

6 (or more) POINT CATEGORY	Maximum Point Value
Workers' Compensation, Unemployment Insurance and Revenue accounts for employees (all three)	10
Memo of Understanding, contract evidencing Independent Contractor status or Emergency Equipment Rental Agreement <ul style="list-style-type: none"> • payment based on a completed project basis • beginning and ending date of the contract • liability for failure to complete the project • identifies who provides the materials and supplies • a defined body of work, complete project, or end result • signatures by all parties 	6
General commercial liability insurance or bonding	6
List of tools and equipment with approximate value (must be signed and dated)	6
Business tax forms or records (IRS Schedules C, E, F, or K – must be within the past two years)	6
Form 1099s (two different hiring agents and compensation amounts differing from IRS Schedules C, E, F or K)	6
Trucking company lease agreement	6
3 POINT CATEGORY	
Partnership agreement (must be provided if marking partnership business structure) <ul style="list-style-type: none"> • intent to form the partnership • contribution by all partners • a proprietary interest and right of control by the working partner • the sharing of profit/ loss • applicants role as a working partner • signatures by all parties 	3
Professional license or education certificate	3
City or county business license or permit	3
Registration of business name and structure with Montana Secretary of State	3
Articles of incorporation, organization or annual report (which reflects ownership for a Manager-Managed LLC and Corporation only)	3
Business location documentation (lease or rental agreement, business property tax statement, or IRS 8829)	3
Business bank account	3
Professional membership or affiliation	3
Advertising (internet website, newspaper, phone book or magazine)	3
Motor Carrier number	3
Two completed bids, estimates, proposals or billing invoices	3
1.5 POINT CATEGORY	
Pre-printed forms, business card or brochure	1.5
Invoices billed to business name	1.5
Advertising using sign on vehicle, yard, bulletin board or flyer	1.5
Orders receipt for printed hats, shirts or other apparel, pens or pencils	1.5
Documented proof of federal employer identification number (FEIN, TEIN or TIN)	1.5
Business credit card or purchasing account	1.5
Business telephone or utility bill	1.5
Vehicle registration in the business name	1.5
International fuel tax account number (IFTA)	1.5
Dunn & Bradstreet number	1.5